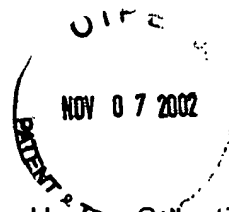


GP 3763

INVENTOR: Jeffrey T. Mason  
 SERIAL NO: 09/935,392  
 FILED: August 22, 2001  
 FOR: Medication Delivery System Having Selective Automated or Manual Discharge  
 ATTY DKT: 001P0001  
 GROUP ART UNIT: 3763  
 EXAMINER: R. Ghafourian



**RESPONSE TRANSMITTAL AND  
 EXTENSION OF TIME REQUEST  
 (IF REQUIRED)**

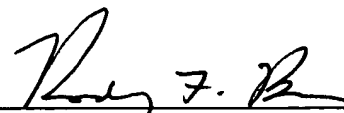
COMMISSIONER FOR PATENTS  
 Washington, D.C. 20231  
 Sir:

<b>FEE CALCULATION FOR ENCLOSED RESPONSE and EXTENSION REQUEST (if any)</b>									
	Claims Remaining		Highest No. Previously Paid		Number Extra		Rate		Additional Fee
Total Claims	23	-	24	=	0	×	\$18.00	=	0.00
Independent Claims	5	-	7	=	0	×	\$84.00	=	0.00
Surcharge For Multiple Dependent Claim First Added .....							\$280.00	=	0.00
<input type="checkbox"/> Applicant requests a _____ extension of time for response to the outstanding Office Action. The fee is .....									0.00
<input type="checkbox"/> SMALL ENTITY STATUS (If applicable, divide TOTAL by 2) .....									0.00
<input type="checkbox"/> Reduction for Extension Fee of _____ months already paid .....									0.00
<input type="checkbox"/> OTHER:									0.00
<b>TOTAL .....</b>									<b>0.00</b>

The fees calculated above are to be charged to Deposit Account No. 02-4245.

If for some reason applicant has not requested a sufficient extension of time and/or has not paid a sufficient fee for this response and/or for the extension of time necessary to prevent the abandonment of this application, please consider this as a Request for an Extension for the required time period and/or an authorization to charge my Deposit Account No. 02-4245 for any fee which may be due. A duplicate copy of this sheet is enclosed.

Dated: November 1, 2002

By:   
 Rodney F. Brown  
 Attorney for Applicant  
 Registration No. 30,450

3365 Baltimore Street  
 San Diego, California 92117  
 Telephone: (858) 272-8705

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